Periscope.

EXCERPTS WILL BE FURNISHED AS FOLLOWS:

From the Swedish, Danish, Norwegian and Finnish:
FREDERICK PETERSON, M.D., New York.

From the German:
WILLIAM M. LESZYNSKY, M.D., New York.
BELLE MACDONALD, M.D., New York.

From the French:
L. FISKE BRYSON, M.D., New York.
G. M. HAMMOND, M.D., New York.

From the French, German and Italian:
JOHN WINTERS BRANNAN, M.D., New York.

From the Italian and Spanish:
WILLIAM C. KRAUSS, M.D., Buffalo, N. Y.

From the Italian and French:
E. P. HURD, M.D., Newburyport, Mass.

From the German, Italian, French and Russian:
F. H. PRITCHARD, M.D.
ALBERT PICK, M.D., Paris, France.

From the English and American:
A. FREEMAN, M.D., New York.

From the French and German:
W. F. ROBINSON, M.D., Albany.

ANATOMICAL.

A STUDY OF THE DECUSSATION OF THE NERVE FIBRES AT THE OPTIC CHIASM.

In the Archiv f. Psychiatrie, Bd. xxi., Hft. 3, A. Delbrück reports the results of autopsy upon an insane patient seventy years of age who during life, had never manifested any visual defect—neither ophthalmoscopic nor visual tests having been made. The *left* optic nerve was found completely degenerated, while upon the *right* side only one-half of the nerve was similarly affected. The *left* non-decussating bundle was degenerated, as well as nearly all of the crossed and commissural fibres. Only the *right* non-decussating bundle was found normal. These findings may be used as a new proof against the theory of a total decussation of the optic nerves at the chiasm. The non-decussating fibres run through the nerve in thick strands, and course mostly on the lateral side of the nerve as a distinct group. In the chiasm and in the optic tract they gradually intermingle with the decussating fibres, but in such a manner that they do not spread themselves over the whole of the transverse section of the tractus, but leave free, first, the lower internal quadrant, and later, a zone at the free border of the tract, which gradually diminishes. He next enters into a detailed analysis and refutation of Michel's theory of the total decussation and ascending degeneration. As these theories have been attacked from other quarters, and are almost universally looked upon as exploded, we will forego the reproduction of this portion of his paper. The writer then reviews the entire literature of the subject, and concludes that a definite opinion cannot as yet be formulated as to the relative position of the decussating and non-decussating fibres. The various statements only agree in this, that the non-decussating fibres course in the nerve in the form of a more or less isolated bundle. In regard to the course of the fibres in the tract, the statements are quite contradictory. The majority of authors have expressed themselves in favor of the more or less isolated course of the non-decussating fibres in the tract also. Despite the difference of opinion as to their position, it may be asserted that the course of the decussating fibres corresponds more with the free border of the tract, while the non-decussating fibres course more in the interior. The morbid specimen before us speaks in favor of the gradual intermingling of both kinds of fibres in the tractus as above mentioned. (Centrbl. f. klin. Med., No. 4, 1891.) W. M. L.

PATHOLOGICAL.

MUSCULAR ATROPHIES.

In the April number of the "Buffalo Medical and Surgical Journal," Dr. Wm. C. Krauss, of Buffalo, makes a clinico-pathological study of the different forms of muscular atrophies. Muscular atrophy is described as a retrogressive change taking place in the muscular fibre, causing a diminution in its bulk and substance, thereby rendering it incapable of performing its normal physiological function. Muscular atrophy must not be confounded with hypoplasia or aplasia, on the one hand, nor the physiological atrophies, as active atrophy, passive atrophy and local atrophies, on the other. A short historical sketch, followed by the histology and pathology of the muscular fibre follows. The pathology of the simple degenerative form and fatty infiltration and degeneration of the muscle, as in lipomatosis, is taken up at some length. The subjective and objective symptoms are carefully taken up, and particular attention is called to a tape measure applicable in these cases, de-